

MOMS Licensed Midwife

(Referral arrangement with HSS)

Category of Service 0525 – Specialty Code 159 on file; and must be entered on claim

Procedure Code	Description	Maximum Fee
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (inpatient and outpatient) postpartum care (total, all-inclusive, “global” care)	\$1,440
59409	Vaginal delivery only (with or without episiotomy, and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M Code(s) for postpartum care visits*)	883
59410	including (inpatient and outpatient) postpartum care	960
New 594258*	Antepartum care only; 4-6 visits (includes reimbursement for one initial antepartum encounter (\$69.00) and five subsequent encounters (\$59.00) . If less than 6 antepartum encounters were provided, adjust the amount charged accordingly).	364
New 59426*	Antepartum care only; 7 or more visits (includes reimbursement for one initial antepartum encounter (\$69.00) and eight subsequent encounters (\$59.00) . If less than 9 antepartum encounters were provided, adjust the amount charged accordingly. For 6 or less antepartum encounters, see code 59425.)	541
59430	Postpartum care only (outpatient) (separate procedure)	59
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and (inpatient and outpatient) postpartum care, after previous cesarean delivery (total, all-inclusive, “global” care)	1,440
59612	Vaginal delivery only; after previous cesarean delivery (with or without episiotomy and/or forceps); (when only inpatient postpartum care is provided in addition to delivery, see appropriate HOSPITAL E/M code(s) for postpartum care visits)	883
59614	including (inpatient and outpatient) postpartum care	960

* Providers should bill the appropriate code after all antepartum care has been rendered using the last antepartum visit as the date of service.

NOTE: Hospital E/M codes cannot be billed with specialty code 159. A separate claim must be submitted if billing for inpatient hospital visits.

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Other Procedures and Tests

59025	Fetal non-stress test	\$70
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MOMS LICENSED MIDWIFE – REFERRAL ARRANGEMENT WITH HSS

1 PROVIDER ID NUMBER 01415263		3 PROVIDER NAME RHONDA FITZGERALD 35 MAIN STREET ANYTOWN, NY 12304		4 BILLING UNIT MD DAY YR 07 28 02		5 PROVIDER NUMBER 14256 6214		6 GROUP ID NUMBER 0 3 159 0525		7 LEGAL TYP CODE 0 3		8 CLASS SPECIALTY CODE 159		9 CATEGORY OF SERVICE 0525		10 ICD-9-CM CODE A V		11 ORIGINAL CLAIM REFERENCE NUMBER		12 OFFICE USE ONLY	
13 PRE-PRINT ID NUMBER 01415263		14 DATE OF BIRTH MM DD YR 07 28 02		15 SEX M F M		16 LAST NAME LINDA		17 FIRST NAME MARTIN		18 MIDDLE NAME LINDA		19 PREFIX MR		20 SUFFIX JR		21 OFFICE ACCOUNT NUMBER (OPTIONAL)		22 OFFICE USE ONLY		23 OFFICE USE ONLY	
24 COORDINATOR METHOD V 1 2 2 *		25 PRIMARY V 1 2 2 *		26 SECONDARY V 1 2 2 *		27 OTHER V 1 2 2 *		28 FAMILY PLANNING Y N V H Y N V H		29 PREVIOUSLY SERVED Y N V H Y N V H		30 PREVIOUSLY SERVED Y N V H Y N V H		31 PREVIOUSLY SERVED Y N V H Y N V H		32 PREVIOUSLY SERVED Y N V H Y N V H		33 PREVIOUSLY SERVED Y N V H Y N V H		34 PREVIOUSLY SERVED Y N V H Y N V H	
35 SERVICE PROVIDER CLINIC NUMBER 01415263		36 SERVICE PROVIDER CLINIC NUMBER 01415263		37 SERVICE PROVIDER CLINIC NUMBER 01415263		38 SERVICE PROVIDER CLINIC NUMBER 01415263		39 SERVICE PROVIDER CLINIC NUMBER 01415263		40 SERVICE PROVIDER CLINIC NUMBER 01415263		41 SERVICE PROVIDER CLINIC NUMBER 01415263		42 SERVICE PROVIDER CLINIC NUMBER 01415263		43 SERVICE PROVIDER CLINIC NUMBER 01415263		44 SERVICE PROVIDER CLINIC NUMBER 01415263		45 SERVICE PROVIDER CLINIC NUMBER 01415263	
46 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		47 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		48 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		49 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		50 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		51 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		52 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		53 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		54 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		55 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263		56 OTHER REFERRAL/CLINIC PROVIDER CLINIC NUMBER 01415263	

DATE OF SERVICE			43 PROCEDURE CODE	44 PROCEDURE DESCRIPTION	45 TIME ARR. FORMED	46 TOOTH QUAD		47 SURFACE		48 AMOUNT CHARGED	49 MISCARE	50 APPROVED	51 PAID	52 OTHER REMARKS (NFI)	53 BALANCE DUE
41 CL	42 MO	43 DAY				44 VR	45 I	46 O	47 D						
1	07	10	02	59400				M	O		\$	*	\$	*	\$1440.00
2								M	O			*		*	*
3								M	O			*		*	*
4								M	O			*		*	*
5								M	O			*		*	*
6								M	O			*		*	*
7								M	O			*		*	*
8								M	O			*		*	*
9								M	O			*		*	*

CERTIFICATION

I CERTIFY THAT THE STATEMENTS ON THE REVERSE SIDE APPLY TO THIS BILL.

Rhonda Fitzgerald

07/20/02

Global Care - includes antepartum care, vaginal delivery, inpatient and outpatient postpartum care.